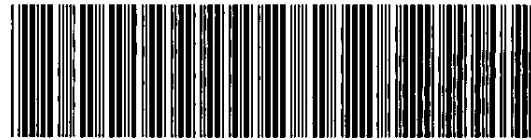


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09/14/11--01016--008 **78.75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
9/15

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: A-1 Security & Detective Services, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: A-1 Security & Detective Services, Inc
Name (Printed or typed)

P.O. Box 668141
Address

Miami, FL 33166
City, State & Zip

(954) 418-2484
Daytime Telephone number

morenomax8585@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME A-1 Security & Detective Services, Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
4137 NE 30 ST
Homestead FL 33033

Mailing address, if different is:
PO Box 668141
Miami FL 33166

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Any and all lawful business.

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE IV SHARES
The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President
Address: Maximo Moreno
PO Box 668141
Miami FL 33166

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____


ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Maximo Moreno
Address: 4137 NE 30 St
Homestead FL 33033

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:
Name: Maximo Moreno
Address: PO Box 668141
Miami FL 33166

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

08-14-2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

08-14-2011
Date